Gloversville Enlarged School District

# TRAVEL REQUEST FOR CONFERENCE, WORKSHOP, MEETING, OR VISITATION DAY

(four copies required)

EMPLOYEE_____ BUILDING_____ DATE_____

Requests must be submitted at least one week before the requested conference, workshop, meeting, or visitation day. No travel should be taken without signed approval by the Assistant Superintendent's office.

Purpose of Travel

☐ Meeting ☐ Workshop ☐ Visitation ☐ Conference ☐ Other

DATE(S) _____ PLACE _____

NAME OF EVENT _____

REASON(S) FOR ATTENDANCE _____

ANTICIPATED EXPENSES:

| | |
|---|---|
| Train/Plane/Bus | _____ |
| *Mileage _____ miles | |
| @ $._____ per mile | _____ |
| Tolls | _____ |
| Room: _____ per night | |
| x _____ nights | _____ |
| Meals | _____ |
| Other _____ | _____ |
| Registration Fees | _____ |
| Total cost | |

*current IRS rate

(Documentation must accompany claim form for reimbursement.)

Substitute required? ☐ yes ☐ no

I hereby request approval of this activity under the conditions described above, with:

☐ loss of pay ☐ no loss of pay

_____ _____
Employee's signature Date

_____ _____
Principal's/Supervisor's Signature Date

_____ _____
Superintendent's/Designee's Signature Date

For Central Office Use Only

Funding Source:

___ Title I ___ Title II
___ Title IV ___ Title VI
___ BOCES ___ Chp. 611
___ Local Funds
___ Improv./Choice

Other _____

Revised 10/27/87, 10/15/01 and 6/13/02